4 Agenda setting

Overview

This chapter looks at how issues are identified as a matter of concern for policy. Why do some issues gain attention to the extent that action of some sort is likely to be taken? According to the simple 'stages model' of the policy process introduced in Chapter 1, problem identification is the first step in the process of changing and implementing policy. However, it can be surprisingly difficult to explain how and why some issues become prominent in the eyes of policy makers and others recede from view. In terms of the health policy triangle, set out in Chapter 1, the explanation most often relates to changes in the policy context which enable those among the policy actors concerned to change policy to persuade others that action should be taken. The focus in this chapter will be on government policy making and why governments choose to act on some issues but not on others. The chapter also looks at the range of interest groups that contribute to agenda-setting, paying particular attention to the role of the mass media since they often play an important part in issue recognition.

Learning objectives

After working through this chapter, you will be better able to:

- **define what is meant by the *policy agenda***
- **understand different explanations as to how issues get onto the policy agenda and how certain issues get priority for policy development over others**
- **compare the respective roles of a range of interest groups in setting the policy agenda**

Key terms

Agenda setting Process by which certain issues come onto the policy agenda from the much larger number of issues potentially worthy of attention by policy makers.

Feasibility A characteristic of issues for which there is a practical solution.

Legitimacy A characteristic of issues that policy makers see as appropriate for government to act on.

Policy agenda List of issues to which an organization is giving serious attention at any one time with a view to taking some sort of action.

Policy stream The set of possible policy solutions or alternatives developed by experts, politicians, bureaucrats and interest groups, together with the activities of those interested in these options (e.g. debates between researchers).

Policy windows Points in time when the opportunity arises for an issue to come onto the policy agenda and be taken seriously with a view to action.

Politics stream Political events such as shifts in the national mood or public opinion, elections and changes in government, social uprisings, demonstrations and campaigns by interest groups.

Problem stream Indicators of the scale and significance of an issue which give it visibility.

Support A characteristic of issues that the public and other key political interests want to see responded to.

What is the policy agenda?

The word 'agenda' can be used in a number of different ways, for example, to describe the sequence of business to be conducted at a committee meeting. At other times, people are accused of having a 'hidden agenda', meaning that they have ulterior motives for their actions. In relation to policy making, the term agenda means:

> the list of subjects or problems to which government officials and people outside of government closely associated with those officials, are paying some serious attention at any given time . . . Out of the set of all conceivable subjects or problems to which officials could be paying attention, they do in fact seriously attend to some rather than others. (Kingdon 1984)

✎ **Activity 4.1**

List some of the health-related subjects or problems that you are aware of that the government has recently paid serious attention to in your country. If you cannot remember any, have a look at the newspapers for the past few months to see which health issues and policies have been mentioned.

↻ **Feedback**

Out of the potentially wide range of health and related issues that the government could be attending to, there is usually a shorter list of 'hot' topics actively under discussion. For example, the government could be concerned about the health of recent migrants to the country, the recruitment and retention of nurses in hospitals, the immunization rate in remote rural areas, recent upward trends in sexually transmitted disease and which drugs primary care nurses should be able to prescribe.

✎ **Activity 4.2**

Why do you think these particular subjects or problems received high priority? List the reasons that occur to you.

↻ **Feedback**

You may have given reasons such as the number of people affected by the health issue; the health impact, say of a disease, or a rapid increase in incidence; pressure from an influential group or from the public; criticism from opposition politicians or an international agency; the publication of a research report highlighting the issue or showing it in a new way; the arrival of a new Minister of Health or a change of government; and so on. These and other factors will be considered in a more structured way in the rest of the chapter.

Obviously the list of problems under active consideration varies from one section of the government to another. The president or prime minister will be considering major items such as the state of the economy or relations with other countries. The Minister and Ministry of Health will have a more specialized agenda which may include a few 'high politics' issues, such as whether a system of national health insurance should be established, as well as a larger number of 'low politics' issues such as whether a particular drug should be approved for use and, if so, whether it is worth being reimbursed as part of the publicly financed health care system.

Why do issues get onto the policy agenda?

Sometimes it is obvious why policy makers take particular issues seriously and then act upon their understanding of them. For instance, if a country is invaded, the government will rapidly recognize this as a problem requiring a government response. It will then act to mobilize the armed forces to attempt to repel the invader. But this sort of appreciation and reaction to a crisis is not typical of most policy making. Most policy making is, as Grindle and Thomas (1991) put it, 'politics-as-usual changes': a response to routine, day-to-day problems that need solutions. Given that there are always more such problems being publicly discussed than government time, energy and resources to deal with them, where does the impetus for change or response to a particular problem come from when there is no crisis (obviously what is perceived to be a 'crisis' will vary from place to place and over time)? Several explanations have been put forward as to how and why some issues are taken seriously by government officials when there is no apparent crisis.

Agenda setting in politics-as-usual circumstances

Early explanations of what constituted a public problem, as against something that individuals and families would have to deal with themselves, assumed that problems existed purely in objective terms and were simply waiting to be recognized by government acting in a rational manner, for example, because the problems

threatened the well-being of the population. According to this explanation, governments would actively scan the horizon and the most 'important' issues would become the subject of policy attention (e.g. in health terms, government would focus on the diseases responsible for the greatest share of death and disability). A more sophisticated variant of this approach was to argue that what made its way onto the policy agenda was more a function of long-term changes in socio-economic conditions that produced a set of problems to which governments had to respond eventually even if there had been no systematic assessment of potential policy problems. From this perspective, countries with ageing populations will have to respond eventually to the implications for retirement pensions, health services, long-term care, transport, and so on.

Later political scientists and sociologists argued that recognizing something as a problem for government is very much more of a social process, involving defining what is 'normal' in a society and what is an unacceptable deviation from that position (Berger and Luckman 1975). This perspective draws attention to the ideology and assumptions within which governments operate and how they shape what is defined as an issue for government attention as well as how it is regarded. The manner and form in which problems are understood are important influences on how they will eventually be tackled by policy makers (Cobb and Elder 1983). So, for example, if the problem of people with mental illness is framed by the media in terms of the risk they pose to themselves, this will have quite different consequences for the policy agenda than if the problem is articulated as one of protecting the public from the threat of violence from people with mental illness. In neither scenario are the prevalence and incidence of mental illness central to the question of whether the issue will be taken seriously.

This perspective also recognizes that not everyone will necessarily agree on how a phenomenon should be framed (i.e. what sort of a problem is this?) and whether it should be a matter for government action. Important policy actors can clash and compete in attempting to persuade government not only to put an issue on the agenda but also in the way they wish to see it presented and dealt with.

There are a number of theoretical models of agenda setting. Two of the most prominent and widely used are described below.

The Hall model: legitimacy, feasibility and support

This approach proposes that only when an issue and likely response are high in terms of their *legitimacy, feasibility* and *support* do they get onto a government agenda. Hall and her colleagues provided a simple, quick-to-apply model for analysing which issues might be taken up by governments (Hall et al. 1975).

Legitimacy

Legitimacy is a characteristic of issues with which governments believe they should be concerned and in which they have a right or even obligation to intervene. At the high end, most citizens in most societies in the past and the present would expect the government to keep law and order and to defend the country from attack. These would be widely accepted as highly legitimate state activities.

✎ Activity 4.3

Which health-related government policies and programmes are generally regarded as highly legitimate?

↻ Feedback

Probably the most widely accepted role for government in relation to health is to act to reduce the risk of an infectious disease being established and spreading through the population. Another is regulating pollution. Even in these areas, there is usually some debate about the precise nature and limits of government action.

However, there are many other areas where legitimacy is contentious. Legitimacy varies greatly from country to country and changes over time. Things that were not seen as the domain of government regulation in the past (e.g. control of smoking in work-places) are now increasingly accepted as legitimate and vice versa (e.g. relaxation of laws prohibiting homosexual activity in many countries). Typically, in times of perceived external threats, the public and politicians are more willing to curb individual liberties because they believe that such actions will protect the community from worse harm.

Feasibility

Feasibility refers to the potential for implementing the policy. It is defined by prevailing technical and theoretical knowledge, resources, availability of skilled staff, administrative capability and existence of the necessary infrastructure of government. There may be technological, financial or workforce limitations that suggest that a particular policy may be impossible to implement, regardless of how legitimate it is seen to be.

✎ Activity 4.4

Which policies would you like to introduce into the health system in your country but which are likely to face major feasibility problems?

↻ Feedback

You may have made all sorts of suggestions. One common one is in achieving geographical equity of provision of health service despite the reluctance of health care professionals to work in 'less desirable' areas such as remote, rural locations. Another common feasibility problem relates to health care financing in low income countries. Their governments may wish to introduce more public finance into their health care systems but frequently lack robust tax systems to raise the revenue because so many people work in the informal sector of the economy.

Support

Finally, *support* refers to the elusive but important issue of public support for government, at least in relation to the issue in question. Clearly, more authoritarian and non-elected regimes are less dependent on popular support than democratic governments, but even dictatorships have to ensure that there is some support among key groups, such as the armed forces, for their policies. If support is lacking, or discontent with the government as a whole is high, it may be very difficult for a government to put an issue on the agenda and do anything about it (see Easton's model of the political system in Chapter 3).

Thus the logic of the Hall model is that governments will estimate whether an issue falls at the high or low end of the three continua of legitimacy, feasibility and support. If an issue has high legitimacy (government is seen as having the right to intervene), high feasibility (there are sufficient resources, personnel, infrastructure) and high support (the most important interest groups are supportive – or at least not obstructive), then the odds of the issue reaching the policy agenda and faring well subsequently are greatly increased.

Of course, this does not rule out more tactical reasons for putting an issue onto the policy agenda. Sometimes, governments will publicly state their position on a particular issue to demonstrate that they care, or to appease donors who demand a response as a condition of aid, or to confound the political opposition, even when they do not expect to be able to translate their concern into a policy that could be implemented because it has low feasibility and/or support.

The Kingdon model: policy windows and three streams of policy process

John Kingdon's (1984) approach focuses on the role of policy entrepreneurs inside and outside government who take advantage of agenda-setting opportunities – known as *policy windows* – to move items onto the government's formal agenda. The model suggests that the characteristics of issues combine with the features of political institutions and circumstances, together with the development of policy solutions, in a process that can lead to the opening and closing of windows of opportunity to shift an issue onto the agenda. He conceives of policy emerging through three separate 'streams' or processes – the *problem stream*, the *politics stream* and the *policy stream*. Policies are only taken seriously by governments when the three streams run together (Figure 4.1). Kingdon's 'windows' are the metaphorical launch 'windows' in a space mission. Blast-off can only occur when all the conditions are favourable.

Three streams of policy process

The *problem stream* refers to the perceptions of problems as public matters requiring government action and is influenced by previous efforts of government to respond to them. Officials learn about problems or socio-economic conditions through indicators, feedback from existing programmes, pressure groups, or sudden, focusing events such as crises. Indicators may include routine health statistics, for example, showing an increase in childhood obesity or a return of TB to a
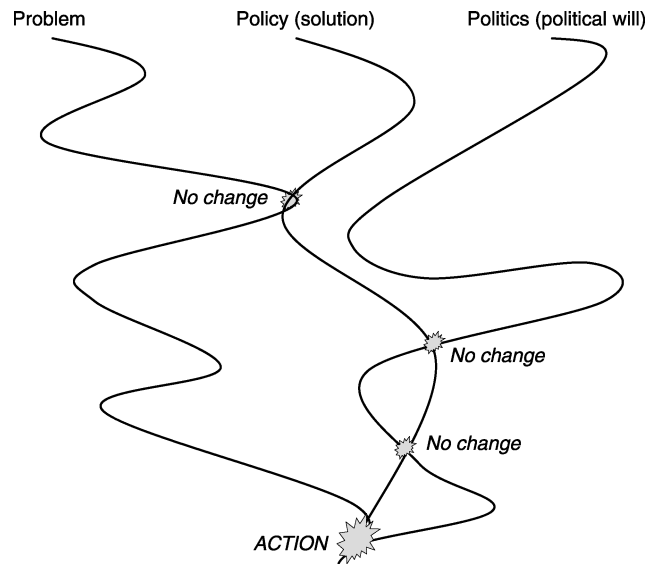
Figure 4.1 Kingdon's three stream model of agenda setting

Source: Adapted from Kingdon (1984)

population previously free of the disease. However, such facts rarely if ever 'speak for themselves' and lead directly to action (see Chapter 9 for more on the links between research and policy).

The *policy stream* consists of the ongoing analyses of problems and their proposed solutions together with the debates surrounding these problems and possible responses. In this stream of ideas a range of possibilities is explored and, at times, may be progressively narrowed down or promoted. For an idea or solution to get to the surface, it must be technically feasible, consistent with dominant social values, be capable of handling future feasibility constraints (such as on finance and personnel), be publicly acceptable and must resonate with politicians.

The *politics stream* operates quite separately of the other two streams and is comprised of events such as swings of national mood, changes of government and campaigns by interest groups.

Kingdon identifies visible and hidden participants affecting the coming together of the streams. The visible participants are organized interests that highlight a specific problem, put forward a particular point of view, advocate a solution and use the mass media to gain attention. Visible participants may be inside or outside government. For example, a new president or prime minister may be a powerful agenda setter because he/she has only recently been elected and is given the benefit of the doubt by the electorate. The hidden participants are more likely to be the specialists in the field – the researchers, academics and consultants who work predominantly in the policy stream – developing and proposing options for solving problems which may get onto the agenda. Hidden participants may play a part

in getting issues onto the agenda, particularly if they work with the mass media. Increasingly, universities, which are competing with one another for research funds, encourage their staff to promote their research findings in the mass media. This may mean that some academics shift from hidden to more visible roles in the agenda-setting process.

Policy windows

According to Kingdon's model, the three streams work along different, largely independent channels until at particular times, which become *policy windows*, they flow together, or intersect. This is when new issues get onto the agenda and policy is highly likely to change. As a result, policies do not get onto the agenda according to some logical series of stages. The three streams flow simultaneously, each with a life of its own, until they meet, at which point an issue is likely to be taken seriously by policy makers. The meeting of the streams cannot easily be engineered or predicted.

✎ Activity 4.5

Suggest possible reasons why the three streams might meet, leading to a problem moving onto the policy agenda. Locate each possible reason in one of Kingdon's three 'streams'.

↻ Feedback

The main reasons why the three streams might converge and open a policy window include:

- the activities of key players in the *political stream* who work to link particular policy 'solutions' to particular problems and at the same time create the political opportunity for action. These people are known as *policy entrepreneurs* since this is the political version of the activity of bringing buyers, sellers and commodities together on which commerce thrives
- media attention to a problem and to possible solutions (*policy stream* influencing the *politics stream*)
- a crisis such as a serious failure in the quality or safety of a service or other unpredictable event (*problem stream*)
- the dissemination of a major piece of research (*policy stream* which may affect the *policy stream*)
- changes of government after elections or other regular, formal landmarks in the political process (e.g., budgets) (*politics stream*)

Thus, in reality, participants in the policy process rarely proceed from identification of a problem to seeking solutions. Alternative courses of action are generated in the policy stream and may be promoted by experts or advocates over long periods before the opportunity arises (the policy window opens) to get the issue they relate to and the solutions onto the agenda.

The two models you have just read about are useful because they can be applied to a wide range of health policies, including those you know about in your own country. They should be able to help explain why a particular issue is on the policy agenda, or why it has not reached the policy agenda.

✏️ **Activity 4.6**

Read the following account, based on Reich (1994), which describes the introduction of an essential drugs policy in Bangladesh. Apply the two models to this case study to explain the events that took place.

📖 **Getting the issue of essential drugs onto the policy agenda in Bangladesh**

Lieutenant-General and Army Chief of Staff HM Ershad seized power in a military coup in Bangladesh in 1982. Within four weeks of the coup he had established an expert committee of eight to confront widely discussed problems in the production, distribution and consumption of pharmaceuticals. Less than three months later the Bangladesh (Control) Ordinance of 1982 was issued as a Declaration by Ershad, based on a set of 16 guidelines that would regulate the pharmaceutical sector. The main aim of the Ordinance was to halve the 'wastage of foreign exchange through the production and/or importation of unnecessary drugs or drugs of marginal value'. The drugs policy was to be applied to both private and public sectors and created a restricted national formulary of 150 essential drugs plus 100 supplementary drugs for specialized use which could be produced at relatively low cost. Over 1,600 products deemed 'useless, ineffective or harmful' were banned.

The formulation of the drugs policy was initiated by a group of concerned physicians and others with close links to the new president, without external consultation and discussion. The Bangladesh Medical Association was represented by one member of its pharmaceuticals sub-committee, but its General-Secretary was not officially involved because of his known connections to a transnational pharmaceutical corporation. The pharmaceutical industry was not represented at all on the expert committee. It was argued that its presence would distort and delay policy change. Once the policy was on the agenda and had been promulgated, the industry, both domestic and transnational, launched an advertising campaign against the drugs list.

Among the physicians on the committee was a well-known doctor, Zafrullah Chowdhury, who had established the Gonoshasthaya Kendra (GK) health care project soon after independence in 1971. Among other activities, GK manufactured essential generic drugs in Bangladesh. Production had begun in 1981 and by 1986 GK Pharmaceuticals Ltd was producing over 20 products. Later Dr Chowdhury was accused of promoting the interests of GK Pharmaceuticals through the committee.

↻ **Feedback**

Applying the Hall model

The policy of essential drugs had *legitimacy* because Ershad's government was new and new policies were both expected and allowed. Further, there was a strong case for limiting the number of drugs imported both because many were deemed ineffective or harmful and because they wasted scarce foreign currency which a poor country like Bangladesh could ill afford.

It was *feasible* to introduce radical change because it could be done by passing an Ordinance from the President: it did not require a long parliamentary process. Its passage was made more feasible by keeping opposition to a minimum by acting very quickly. In addition, there were virtually no financial implications for the government, if anything, this would reduce public drug expenditure.

Support was more difficult: there was considerable resistance from health professionals, from multinational pharmaceutical firms, and initially from national drug companies. But, as the people and national industries gained support (through lower prices and greater local production), so support for the policy grew. In addition, as a dictator, Ershad was able to ignore initial opposition since he did not need parliamentary support for his policy to be enacted.

Applying the Kingdon model

The problem of ineffective and expensive drugs had been floating in the *problem stream* for some time before Ershad took power, but without any action being taken. However, in 1982, a new president took over, eager to win popular support by showing his willingness to act on recognized problems that affected many people (change in the *politics stream*). The most obvious losers included foreign pharmaceutical companies that were unlikely to be widely supported within Bangladesh. A small group of Bangladeshi health professionals, chaired by a celebrated doctor with an interest in health projects and the local pharmaceutical industry, had been highly concerned about the pharmaceutical issue for some time before Ershad took power. Some of its members were hidden participants in the *policy stream*, collecting information and monitoring the situation, and others were visible participants, advocating change explicitly. They recognized an opportunity to get an essential drugs policy on the agenda when the government changed and had close links to the new president. The technical feasibility, public acceptability and congruence with existing values were all judged to be favourable, and so the three streams came together, putting essential drugs on the policy agenda.

Agenda setting and policy change under crisis

You have seen that a perceived crisis is one reason why policy windows open. Policy making in times of crisis is different from ordinary, business-as-usual policy making. For example, it is easier to get radical policies seriously considered in times of crisis than other times. A crisis exists when important policy makers perceive that one exists, that it is a real and threatening set of circumstances, and that failure

to act could lead to even more disastrous consequences. Events that do not have all these characteristics are not likely to be considered a crisis. However, where the gravity of the situation is confirmed by pressure from outside government, such as a dramatic fall in the price of a key export crop, and the government has access to corroborating information from its own experts, then the chances are that the government will see the problem as a crisis, and pay it serious attention. This may or may not, in turn, lead to an actual change of policy.

Many examples of new policies moving onto the agenda occur in times of economic crisis. Radical reforms in macro economic, trade, labour market and social welfare policy in New Zealand after 1984 were prompted by a conviction on the part of the incoming Labour government, its principal advisers in the Treasury and influential segments of the business community that the country was on the brink of economic collapse. This justified a radical change in the issues on the policy agenda and subsequent policies favouring the free market in many areas of national life. The reforms included major changes to the operation of the health care system. The public part of the system was split into purchasers (regional health authorities, responsible for procuring services for their populations) and providers (autonomous public hospitals and private and voluntary sector providers) who competed for the business of the purchasers in a publicly financed market (see Chapter 2 for more on this kind of thinking). It is unlikely that the cascade of changes to the economy and the public services, including health care, would have occurred in the way they did over a relatively short period without the impetus of a strong sense of economic crisis coupled with a change of government.

Crises can be acute or more chronic. The New Zealand case had elements of both the acute and chronic since some participants had identified major problems with the country's economic policies a decade before 1984.

Since crises are defined by the intersection of 'objective' conditions and perceptions of the gravity of those conditions, there is always scope for interest groups and governments to heighten the sense of crisis in order to pave the way for changes they particularly want to introduce. One interpretation of the change strategy for the British National Health Service of the Blair government, between 1997 and 2005, was that it comprised identifying problems and solutions, but also engendering a strong sense that the NHS was in grave crisis – that without reform it could not continue in its present form and would have to be abolished and replaced by something quite different. Thus, the Blair government identified the quality of cancer services and long waiting times as major problems threatening the very existence of a tax-financed, universal system. The government also used scandals of poor clinical quality at particular hospitals as a rationale for general changes to the regulation and oversight of clinicians.

Non-decision making

While both crisis and politics-as-usual models are useful in helping to explain how issues come onto the policy agenda and are acted upon, or why eventually they are not (because they may lack legitimacy, feasibility or support or because the three policy streams do not come together in favourable circumstances to provide a 'window of opportunity'), observable action provides an incomplete guide to the

way all policies are decided. In other words, you need to think about the possibility of *non-policy making*, or *non-decision making* when thinking about what gets onto the public policy agenda (see Chapter 2 for a fuller discussion of this). Those with enough power are not only capable of stopping items reaching the agenda, they are also able to shape people's wishes so that only issues deemed acceptable are discussed, never mind acted on.

✏️ **Activity 4.7**

Until the 1970s, stopping smoking was widely seen as almost entirely an individual matter (except for deterring children from smoking). As a result, there was not even discussion about the possibility of limiting where smoking could take place in the health interests both of smokers and non-smokers.

Do you think the lack of discussion of smoking bans in the 1970s is an example of non-decision making through force, prevailing values or avoidance of conflict on the part of Western governments?

↻ **Feedback**

The main reason for non-decision making related to the prevailing values of the time, which, in turn, were supported by tobacco industry advocates. In addition, governments were reluctant to face conflict with the tobacco industry and court public unpopularity. This anticipation of conflict kept the issue off the agenda for many years.

Another example of non-decision making relates to the fact that the often radical 'market' reforms of many health care systems in the 1990s rarely if ever challenged the monopoly control exercised by the medical profession over who can and cannot initiate treatment and prescribe drugs for patients. While many previous assumptions as to how health care systems should be organized and directed were overturned (e.g., privatization of public hospitals and competition between providers), the fundamental interests of the dominant occupational group prevented any concerted debate about opening medical work to other professions.

Who sets the agenda?

In the rest of this chapter you will explore how the main actors in the policy process, particularly the government and the media, put issues on the policy agenda. Since you will be moving on to consider government policy making in the next chapter, and the business community, the medical profession and other interest groups in Chapter 6, more time will be spent here on the role of the media than any of the other actors in agenda setting. Furthermore, in most circumstances, the media's primary role in policy making is likely to be in helping to set the policy agenda rather than in other aspects of the process.

Governments as agenda-setters

Governments, particularly of large, wealthy countries, can be very influential in setting the international policy agenda. For example, the Bush administration in the USA actively promoted its 'ABC' ('abstinence, be faithful and condom use') strategy for HIV/AIDS prevention and control within the international public health community and high prevalence countries, particularly in Sub-Saharan Africa, in the face of criticism from many experts and activists. It was able to do so because of the large sums of money it was making available for HIV/AIDS prevention and the conditions it applied to the use of these funds.

Within their own countries, governments are plainly crucial agenda-setters since they control the legislative process and often initiate policy change (see the next chapter for more on this process). It became fashionable in the 1990s for political parties to set the agenda for their term of office in advance by publishing relatively detailed election manifestos and promising to implement the changes set out in the manifesto if elected as a way of establishing the trust of the electorate. This is one of the more obvious ways in which governments can attempt to set the agenda. However, being in the manifesto only increases the likelihood of an issue getting onto the agenda and being acted on, it is not a guarantee. For example, political activists writing the manifesto may not give enough weight to the feasibility of what they have proposed.

Other than in their pre-election party manifestos, how far do governments pursue an active programme of issue search – looking for items that need to go on the policy agenda? Hogwood and Gunn (1984) argue that governments *should* do so because they need to anticipate problems before they occur in order to minimize any adverse consequences or to avert a potential crisis. Perhaps the most obvious reasons for issue search lie in the external environment such as demography, technology, and so on. In almost all countries, the growing numbers and proportion of older people in the population have to be taken into account in setting health policy in areas such as paying for services, long-term care of frail people and the management of chronic diseases. New solutions become available to old problems such as linking patients' records kept by different institutions. New problems begin to assume clear contours such as the potential effect of climate change on agrarian economies and the nature of public health risks. As well as serving the elected government of the day, one of the functions of a responsible civil service is to provide reports identifying and drawing future policy issues to the attention of ministers, particularly those which are largely inescapable, such as the effects of global warming. However, there is no guarantee that the government of the day will want to respond to what it may perceive to be a long-term issue that its successors and not they themselves can deal with.

The mass media as agenda-setter

How far and in which circumstances do the mass media guide attention to certain issues and influence what we think about? How much influence do they have on policy makers in their choice of issues of political concern and action? In the past, the role of the media tended to be underestimated in policy making. However, the

mass media have had a major influence over many years on governments' policy agendas through their ability to raise and shape, if not determine, issues and public opinion which, in turn, influence governments to respond. The arrival of the Internet in the 1990s made this process even more apparent, since the Internet has enabled the rapid mobilization and feedback of public opinion in ways that governments cannot easily predict or control, but which they may have to respond to in some way.

There are two basic types of media: print and electronic. They serve a range of vital functions: they are sources of information; they function as propaganda mechanisms; they are agents of socialization (transmitting a society's culture and instructing people in the values and norms of society) and they serve as agents of legitimacy, generating mass belief in, and acceptance of, dominant political and economic institutions such as democracy and capitalism. They can also criticize the way societies and governments operate, bringing new perspectives to the public.

The way the media function is affected by the political system. In many countries newspapers and television stations are entirely state-owned and censor themselves, fearing government reprisals for covering issues in an inappropriate way, thereby prejudicing their impartiality. In others, media are notionally independent of the state, but editors and journalists are intimidated, gaoled, expelled or worse. The Internet and satellite broadcasting are less easy for individual regimes to influence or undermine but are less accessible in poorer countries than television and radio which are easier to control. Even in liberal democracies, the mass media may be controlled in subtle ways. Governments, increasingly concerned about their image in the media, can favour certain more cooperative broadcasters over others, giving them exclusive news stories and advance warning of policy announcements to boost their viewer numbers in return for generally favourable coverage. Most mass media organizations in Western democracies are part of large conglomerates with a wide range of media interests in many countries. Some of the best known are owned by business magnates, such as Silvio Berlusconi and Rupert Murdoch, whose personal political values and commercial goals often shape the orientation of the news reporting and political commentary provided by their television channels and newspapers without the proprietors necessarily having to direct their journalists on a day-to-day basis. Most commercial media are also dependent to some degree on advertising. Taken together, the pattern of ownership and the requirements of advertisers tend to mean that in most countries the majority of newspapers and television stations adopt broadly right-of-centre, pro-capitalist, political positions. Advertisers and commercial interests can also, on occasions, influence the content of media directly, for example, through the sponsorship of newspapers and the placement of articles in the press apparently written by neutral journalists but intended to promote the industry's interests.

Despite being largely controlled by the state and major commercial interests, the media can, sometimes, put an issue on the policy agenda which researchers or interest groups unconnected with the state or business are trying to promote. Occasionally, they act like pressure groups by running campaigns on unjustly neglected issues. One of the most notable in the UK was *The Sunday Times*' successful campaign in the 1970s to win higher compensation for children with birth defects after their mothers had taken the tranquillizer, thalidomide. The newspaper's

researchers succeeded in showing that the risk of congenital malformations had been foreseeable (Karpf 1988).

Campaigns can also be more blatantly populist and be designed to win readers such as the UK *Daily Mail's* campaign against speed cameras in the early 2000s. The campaign portrayed the research on injury reduction as severely flawed and, instead, appealed to the cynicism of the readers by focusing on the government revenue raised by the cameras in fines, much to the disappointment of public health experts trying to reduce traffic-related injuries and deaths.

✎ **Activity 4.8**

Consider some campaigns run by the mass media in your country designed to get specific public health issues taken up by the government. What were the issues? How did the media present the issues? Do you think the media presented the issues fairly and responsibly? Was the issue an important one for health? Did the coverage influence the policy debate and help issues get onto the policy agenda? Did the media coverage have a positive or negative impact on the policy, in your view?

↻ **Feedback**

Your answer will clearly depend on your example. But analysing an example in this way should help you understand the reasons why the 'story' unfolded in the way it did.

There have been calls for the mass media to become more responsible in their coverage of public health issues. Research in Britain on media coverage of health issues shows that the amount of news coverage of a topic is unrelated to the risk posed to the public health (Harrabin et al. 2003) and, indeed, the diseases with the lowest risk to population health receive the highest level of coverage, and vice versa. For example, coverage of vCJD or mad cow disease in humans bore no relationship to its extreme rarity. Yet, the same research showed that politicians change their priorities in response to media coverage rather than based on evidence of what was in the public interest.

Nevertheless, the extent of media influence on policy makers is open to question. First, policy makers have many different sources of information and can use the media themselves to draw attention to a particular issue. Often, the contents of government press releases will be reported verbatim by busy journalists. Second, it is difficult to separate different strands of influence on what gets onto the agenda. The media are both part of the process itself, not outside it, and they are not alone. Mostly, the media highlights movements that have started elsewhere – that is, they help to delineate an issue, but they do not necessarily create it.

Third, policy makers are less likely to be moved to action by a single media account. Concerted action by the press may make a difference, but in a competitive media environment, there is unlikely to be a unified view of an issue and the news media particularly are always looking for novelty.

Just as there are examples of the media inspiring policy shifts, so there are clear examples of politicians and their officials resisting media pressure to change policy.

So, there are no simple answers to questions such as: how much do the mass media influence public opinion and/or policy makers? The content of the policy issue, the political context and the process by which the debate unfolds and the policy issue is decided, all have a bearing on how influential the media will be.

In low income countries, the influence of the media on policy makers is less easy to discern. Journalists, editors, broadcasters and producers are members of the urban elite, and generally have close ties with policy makers in government. Where media are owned directly by government, there is unlikely to be much critical analysis of government policies. Policy circles are small in many low income countries, and those journalists who are perceived as threatening a political regime are often the first to be arrested when repression strikes. Although this is changing, the independence of the mass media remains vulnerable to political whim and to a weak capital base. For example, in high income countries consumer advertising revenue, which is not present in other countries, gives the mass media considerable financial independence of governments, but not necessarily independence from commercial interests.

The presence or absence of democracy also appears to be important in the influence of the media on agenda setting in low income countries. Sen (1983) compared the role of the media in reporting food shortages and famines in China and India since the Second World War and the impact on the governments' responses. In 1959–61, China suffered a massive famine due to crop failures. Between 14 and 16 million extra deaths occurred but the mass media remained silent. India, on the other hand, despite being a similarly poor country, had not experienced a famine since Independence in 1947 despite years with great food problems. Sen argued that India could not have famines because India, unlike China, was a democracy with a free press: 'Government cannot afford to fail to take prompt action when large-scale starvation threatens. Newspapers play an important part in this, in making the facts known and forcing the challenge to be faced. So does the pressure of opposition parties' (Sen 1983). In China, there were few ways of challenging the government to act to avoid the catastrophe and the famine could be kept hidden. Ironically, during the same period, communist China was far more committed to distributing food at public expense to guarantee some food for all than India. In normal times, this avoided the widespread malnourishment and non-acute hunger observed in India.

Summary

You have learnt how agenda setting is not a clear-cut part of the policy process. There are many actors involved and it is not necessarily dominated by government. The policy agenda may change at times of crisis or through 'politics-as-usual', but in both cases, certain factors will be important. A crisis will have to be perceived as such by the most influential policy elites, and they will have to believe that failure to act will make the situation worse. In politics-as-usual, many different reforms may compete for policy makers' attention and which one reaches the policy agenda will depend on a number of different factors, including who gains and who loses in the change. Timing is important, and issues may be around for a while before all three 'streams' come together, and an issue is propelled onto the policy agenda.

The media can be important for drawing attention to issues and forcing governments to act but this is more likely in relation to 'low politics' issues. On major, or 'high politics' topics (such as economic policy or threats to national security), the great majority of the media is likely to support the basic thrust of government policy, if the government is seen to be legitimate.

References

Berger PL and Luckman T (1975). *The Social Construction of Reality: A Treatise on the Sociology of Knowledge*. Harmondsworth: Penguin

Cobb RW and Elder CD (1983). *Participation in American Politics: The Dynamics of Agenda-Building*. Baltimore, MD: Johns Hopkins University Press

Grindle M and Thomas J (1991). *Public Choices and Policy Change*. Baltimore: Johns Hopkins Unversity Press

Hall P, Land H, Parker R and Webb A (1975). *Change, Choice and Conflict in Social Policy*. London: Heinemann

Harrabin R, Coote A and Allen J (2003). *Health in the News: Risk, Reporting and Media Attention*. London: Kings Fund

Hogwood B and Gunn L (1984). *Policy Analysis for the Real World*. Oxford: Oxford University Press

Karpf A (1988). *Doctoring the Media*. London: Routledge

Kingdon J (1984). *Agendas, Alternatives and Public Policies*. Boston: Little Brown & Co

Reich M (1994). Bangladesh pharmaceutical policy and politics. *Health Policy and Planning* 9: 130–43

Sen A (1983). The battle to get food. *New Society* 13 October: 54–7